



ASB School Extended Care
Registration Form
2018-2019

Child(ren)'s Name(s) and grade(s) entering: _____

Mother's Name: _____ Father's Name: _____

Family email address: _____

(This email address will be used for billing purposes.)

Mother Home Phone: _____ Father Home Phone: _____

Mother Work Phone: _____ Father Work Phone: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Mailing Address: _____

People who may pick-up your child(ren):

****In the event of an emergency, or your child becomes ill at Extended Care, it is imperative we have up to date information so that you can be notified and arrangements can be made. You will be called first, and only if you cannot be reached will other steps be taken.**

AUTHORIZATIONS:

I hereby authorize the staff of Assumption-St. Bridget's Extended Care to take the steps indicated in case of injury or illness to my child.

Signature of parent or legal guardian

I hereby give permission for my child to receive **Tylenol** [] **Ibuprofen** [] **Benadryl** [] (or family provided medicine with instructions) at Extended Care when necessary.

Signature of parent or legal guardian

Emergency Contacts: (Used in case you cannot be reached) **These contacts may also be called if Extended Care is closed and a parent/guardian has yet to pick up your child(ren)**

Emergency Name 1 Phone

Emergency Name 2 Phone

Student's Physician Phone

Student's Dentist/Orthodontist Phone

Does your child have any special medical needs (i.e. asthma, allergies to bee stings, foods) or physical limitations or medication taken for this limitation that the staff should know about your child?

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ASB Extended Care Enrollment Agreement and Contract Rate Worksheet

Extended Care Contract Rate		Monthly rate, based on weekly use	Family selections for 2018-2019		
			Selection	per child	total
¼ time	1-6 hours a week	\$144.00			
½ time	7-12 hours a week	\$264.00			
Full time	13-24 hours a week	\$432.00			
	Drop-in hourly	\$10.00/hour			will be billed per use
	Non-registered drop-in hourly	\$16.00/hour			will be billed per use
*Total monthly amount is multiplied by nine to account for annual use from September-June, while taking into account ½ months in December and June.			TOTAL MONTHLY AMOUNT		
			*MULTIPLIED BY NINE		<u> x 9 </u>
Extended Care Registration Fee (per family).					\$55.00
			TOTAL ANNUAL AMOUNT		

NOTE: Payments split into ten equal payments (July 2018-April 2019) and registration fee waived, if families register for Extended Care by June 15, 2017 and select a prepayment option to be included in their FACTS tuition payments.

**Families may choose to register for Extended Care after the June 1, 2018 deadline. However, their payments may not match the 10-month tuition payment schedule. **

As a means of planning, if you are able to, please indicate the days in which your family intends to use Extended Care:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

****It is intended that these selections and the submission of the registration form is a contract for use during the 2018-2019 school year. A change to the selected hours may occur under the discretion of the ASB Extended Care Director and Principal, and in agreement with each family on a case-by-case basis.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____